

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
301 906-8463

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51	/		/	
2		/		/			52	4			
3		/		/			53	(1)			
4		/		/			54	(2)			
5		/		/			55				
6		5		/			56				
7		(1)		/			57				
8		(1)		/			58				
9		(1)		/			59				
10		(1)		/			60				
11		(1)		/			61				
12		(1)		/			62				
13		(1)		/			63				
14		(1)		/			64				
15		(1)		/			65				
16		(1)		/			66				
17		(1)		/			67				
18		(1)		/			68				
19		(1)		/			69				
20		(1)		/			70				
21	/		/				71				
22		/		/			72				
23		/		/			73				
24		/		/			74				
25		3		/			75				
26		(1)		/			76				
27		(1)		/			77				
28		(1)		/			78				
29		(1)		/			79				
30		(1)		/			80				
31		(1)		/			81				
32		(1)		/			82				
33		(1)		/			83				
34	/		/				84				
35		/		/			85				
36		/		/			86				
37		/		/			87				
38		4		/			88				
39		(1)		/			89				
40		(1)		/			90				
41		(1)		/			91				
42		(1)		/			92				
43		(1)		/			93				
44		(1)		/			94				
45		(1)		/			95				
46		(1)		/			96				
47	/		/				97				
48		/		/			98				
49		/		/			99				
50		/		/			100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				